

Is escitalopram useful in the treatment of generalised anxiety disorder?

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The question

Scenario

34 year old woman recently diagnosed with generalised anxiety disorder (GAD), struggling to raise three young children. GP has broached the topic of pharmacological treatment. Has been told by family member that escitalopram worked well in reducing their anxiety

Question

In patients with GAD does escitalopram perform better than placebo/no treatment?

P	Patient with generalised anxiety disorder
I	Escitalopram
C	Placebo/no treatment
O	Reduction in symptoms of anxiety

The search and search results

- Pubmed: Clinical Queries (with therapy filters and narrow scope)
- Search: anxiety or GAD or generalized anxiety disorder AND SSRI or selective serotonin reuptake inhibitor* AND escitalopram
- Davidson et al 2004 study chosen
 - Randomized, double-blind, placebo- controlled trial
 - Correct population >18
 - HAMA scores >17
 - Sample size of 315
 - Patients with diagnosed GAD and no co-morbidities, no history of mental illness apart from GAD, no recent (6 months) recreational drug abuse
 - Our patient meets the inclusion criteria and is not excluded from the study

The study appraisal

- 1 week single-blind placebo lead in period
- Patients randomly assigned to placebo/escitalopram
- 8 weeks treatment given
- Week 4/6 if investigator judged response insufficient dosage of placebo/escitalopram doubled in double-blind fashion

- **Primary outcome**
- Reduction in HAMA (anxiety score) i.e. patients less anxious

- **Critique**
- Methodology behind random assignment not detailed
- 77% of patients completed the study, (75% escitalopram 78% placebo), ideally this would be over 80%

Results

- Escitalopram showed statistically significant, and clinically relevant, improvement at endpoint compared with placebo
- Mean changes from baseline at week 8 on HAMA total score 11.3 for escitalopram and 7.4 for placebo ($P < 0.001$)
- Response rates at week 8 were 68% for escitalopram and 41% for placebo
- Well tolerated, no statistical difference with placebo (8.9% vs. 5.1%)

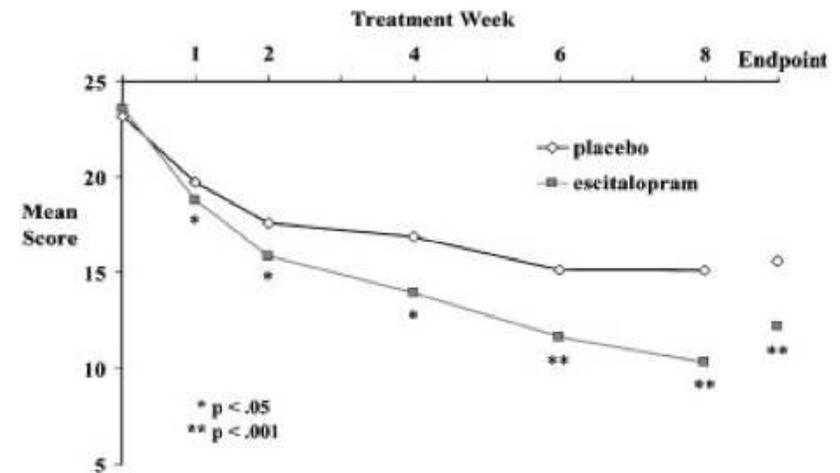


Figure 1. Mean HAMA scores by visit (Observed Cases) and at endpoint (week 8, LOCF) for patients treated with either placebo or escitalopram. * $P < .01$. ** $P < .001$.

Implications

- Escitalopram 10–20 mg/day is effective, safe, and well tolerated in the treatment of patients with GAD
- It would be advisable for our patient to commence treatment with escitalopram for her anxiety
- However this study only compares against placebo and doesn't compare escitalopram with other treatment modalities available (e.g. other SSRIs, pharmacological and psychotherapeutic options)